

Procedure Codes for Licensed Therapist/017

Licensed Therapists

Prgm	Local Code	Local Code Description	Max Alwd Amt	Max Units		National Code	MOD 1	MOD 2	MOD 3	National Code Description	Max Alwd Amt	Max Units
MDC015	X0097	FAMILY THERAPY W/CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS	\$90.00	13		90847	HP			FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)	\$90.00	2
MDC015	X0098	FAMILY THERAPY W/ CHILD BY MASTER'S LEVEL LICENSED CLINICIAN INCLUDING REPORTS 45-60 MINUTES	\$75.00	13		H0004	HO	HR		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
MDC015	X0099	CHILD MENTAL HEALTH COUNSELOR/MARRIAGE AND FAMILY THERAPIST-INDIVIDUAL - MINIMUM 15-20 MINUTE VISIT	\$22.00	3						To Be Eliminated		
MDC015	X0100	FAMILY THERAPY W/O CHILD BY MASTER'S LEVEL LICENSED CLINICIANS 45-60 MINUTES	\$75.00	6		H0004	HO	HS		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
MDC015	X0101	CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT- 60-90 MINUTES	\$150.00	1		90801				PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$150.00	1
MDC015	X0102	CHILD PSYCHIATRIST INDIVIDUAL THERAPY INCLUDING REPORT 45-60 MINUTES	\$95.00	6		90806				PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$95.00	2
MDC015	X0103	CHILD PSYCHIATRIST INDIVIDUAL THERAPY WITH MED. MGT20-30 MINUTES	\$60.00	6		H2010				COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$30.00	2
MDC015	X0104	FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	6		90846	HP			FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$90.00	2
MDC015	X0105	CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$125.00	1		90801	HP			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$125.00	1
MDC015	X0106	CHILD PSYCHOLOGIST INDIVIDUAL THERAPY WITH REPORT 40-50 MINUTES	\$80.00	13		90806	HP			PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$80.00	2
MDC015	X0107	CHILD PSYCHOLOGIST INDIVIDUAL THERAPY WITH REPORT20-30 MINUTES	\$60.00	6						To Be Eliminated		
MDC015	X0108	CHILD PSYCHOLOGIST GROUP THERAPY WITH REPORT60-90 MINUTES	\$35.00	13		H0004	HQ	HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.83	8

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MDC015	X0109	CHILD MENTAL HEALTH SW,NP, MFT, LICENSED MENTAL HEALTH COUNSELOR, INDIVIDUAL DIAG. INTERVIEW W/ REPORT 60-90	\$100.00	1		H0031	HO or TD or AJ			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$100.00	2
MDC015	X0110	CHILD MENTAL HEALTH SW/NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/REPORTS 45-60 MINS	\$65.00	13		H0004	HO or TD or AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$16.25	8
MDC015	X0111	NURSE PRACTITIONER INDIVIDUAL THERAPY W/MED. MGT. 20-30 MINUTES	\$35.00	6		H2010	TD			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.50	2
MDC015	X0112	CHILD MENTAL HEALTH SW,NP,MFT, LICENSED MENTAL HEALTH COUNSELOR GROUP THERAPY W/REPORTS 60-90 MINUTES	\$30.00	13		H0004	HQ	HO or TD or AJ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.00	8
MDC020	X0281	SEXUAL ABUSE EVALUATION	\$70.00	14		H0031*	HO or HP			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$70.00	2
MDC020	X0282	SEXUAL ABUSE INDIVIDUAL AND FAMILY TREATMENT UNIT (50 MIN. SESSION)	\$70.00	3		H0004*	HR	HO or HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.50	8
MDC020	X0283	SEXUAL ABUSE INDIVIDUAL AND FAMILY TREATMENT UNIT (30 MIN. SESSION)	\$35.00	3						To Be Eliminated		
MDC020	X0284	SEXUAL ABUSE GROUP TREATMENT UNIT (50 MIN. SESSION)	\$35.00	3		H0004*	HQ	HO or HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$11.66	8
MDC020	X0285	SEXUAL ABUSE GROUP TREATMENT UNIT (90 MIN. SESSION)	\$70.00	3						Same as code above		
MDC010	X0500	DCYF-FAMILY THERAPY W/O CHILD BY MASTER'S LEVEL LICENSED CLINICIANS INCLUDING REPORTS, 45-60 MINUTES	\$75.00	6		H0004	HS	HO		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
MDC010	X0501	DCYF - CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$150.00	1		90801				PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$150.00	1
MDC010	X0502	DCYF - CHILD PSYCHIATRIST INDIVIDUAL THERAPY INCLUDING REPORT 45-60 MINUTES	\$95.00	6		90806				PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$95.00	2
MDC010	X0503	DCYF- CHILD PSYCHIATRIST INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES	\$60.00	6		H2010				COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$30.00	2

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MDC010	X0504	DCYF FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	6		90846	HP			FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$90.00	2
MDC010	X0505	DCYF - CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$125.00	1		90801	HP			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$125.00	1
MDC010	X0506	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 45-60 MINUTES	\$80.00	13		90806	HP			PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$80.00	2
MDC010	X0507	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 20-30 MINUTES	\$60.00	6						To Be Eliminated		
MDC010	X0508	DCYF - CHILD PSYCHOLOGIST - GROUP THERAPY WITH REPORT 60-90 MINUTES	\$35.00	13		H0004	HQ	HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.83	8
MDC010	X0509	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INITIAL DIAGNOSTIC INTERVIEW W/RPT 60-90	\$100.00	1		H0031	HO or TD or AJ			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$100.00	2
MDC010	X0510	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/RPTS 45-60 MIN	\$65.00	13		H0004	HO or TD or AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$16.25	8
MDC010	X0511	DCYF - NURSE PRACTITIONER INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES	\$35.00	6		H2010	TD			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$17.50	2
MDC010	X0512	DCYF- CHILD MENTAL HEALTH SW,NP, MFT,LICENSED MENTAL HEALTH COUNSELOR, GROUP THERAPY WITH REPORTS 60-90 MINUTS	\$30.00	13		H0004	HQ	HO or TD or AJ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.00	8
MDC010	X0513	DIAGNOSTIC ASSESSMENT SERVICES - DCYF LICENSED MASTERS MENTAL HEALTH PROFESSIONAL PER HOUR-REPORT INCLUDED	\$70.00	13		H0031	HO	H9		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$70.00	2
MDC010	X0514	DIAGNOSTIC ASSESSMENT SERVICES-DCYF- PHD PSYCHOLOGIST PER HOUR-REPORT INCLUDED	\$80.00	9		H0031	HP	H9		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$80.00	2

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DCYF	X0515	DIAGNOSTIC ASSESSMENT SERVICES-DCYF-PSYCHIATRIST PER HOUR-COURT ORDERED	\$100.00	2						To Be Eliminated		
MDC010	X0597	DCYF-FAMILY THERAPY WITH CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	13		90847	HP			FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)	\$90.00	2
MDC010	X0598	DCYF- FAMILY THERAPIST WITH CHILD BY MASTER"S LEVEL LICENSED CLINICIAN INCLUDING REPORTS 45-60 MINUTES	\$75.00	13		H0004	HR	HO		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
MDC010	X0599	DCYF-CHILD MENTAL HEALTH COUNSELOR/MARRIAGE AND FAMILY THERAPIST - INDIVIDUAL, MINIMUM 15-20 MINUTE VISIT	\$22.00	3						To Be Eliminated		

*Must Use Diagnosis Code of 995.53 with these claims.

Modifiers	Modifier Description
AH	Clinical Psychologists
AJ	Clinical Social Worker
HO	Master's Level
HP	Doctoral Level
HQ	Group
HR	Family/Couple with Client Present
HS	Family/Couple without Client Present
H9	Court Ordered
TD	Registered Nurse